

Central MRS Meeting Notes
October 31, 2006
Davidson Community College

Counties Present: Davidson, Forsyth, Guilford, Mecklenburg, Rockingham, Rowan, Yadkin

Introductions
Announcements
Defining In-Home
Supporting Child Only Cases

Announcements

- New worker, Gretchen Williams, on the Work First policy and staff development teams (half time for each). Will be working on developing training for Work First
- Still trying to decide which 2 other counties will be participating in the Federal Review. There is a stakeholders meeting in Greensboro in December.

Defining In-Home

We talked a couple of months ago about defining CFT's, and WF collaboration. Now we want to do the same thing with In-Home Services. Duke in particular wants to know what do they need to see when we say "in-home" services were redesigned.

When we were talking to Duke they asked if case management just meant that SW just went out and talked to folks? We (state) said no, it was more than that, so Duke needs to know - what more was it?

At some point these may be things that show up on the state CFSR – recall right now counties are not being reviewed for MRS specific items but eventually they will.

Reviewed responses from the east and central meetings (in italics)

- *Make sure they have done a home visit, who was seen at this visit, document that the in home services agreement was done with the family.*
- *Talking about the progress that has been made at each visit.*
- *Documentation of referrals to other services and the response of the family (did they follow up on the referrals?)*
- *One county does a joint 7 day visit, talk about the CFT at that time and start thinking about where it will be and who will be invited. (CFTs going well, have had at homes, agency, churches, therapist's offices; having good participation.)*
- *Documentation of assessment (Structured Decision Making) tools and why you feel that strengths and needs are what they are. Don't just have a rating, have an explanation.*
- *Documentation of collateral contacts.*
- *Haywood felt that was a good list. They have developed a checklist type form they use in staffing and reviewing cases. This serves as a reminder and as a way to ensure that everything was done.*
- *Recommendation from the state that they staff high risk cases weekly – Buncombe thinks that there should be notes in the record that this happened. (Have a staffing form.)*

- *This is not a requirement, just a recommendation, but that is a lot of staffing. Holly asked if these were formal staffings or were some of them more casual. Try to keep them formal as much as possible, particularly the more serious ones, and the form allows you to document.*
- *Barriers – we want to document progress (as mentioned above), but also the barriers that the families are facing. These will change throughout the case.*
- *Show that Structured Decision Making is done with the family and that Case Plans are developed in the CFT and the families ideas were included or at least thoroughly discussed, and if not included, why not?*
- *Show how the case plan is tied to the risk assessment – through narrative and through the way they have written the case plan.*
- *That there was a discussion of the CFT and how you involved the parents*
- *Description of services that all the children are involved in.*
- *Well Being needs of all children and adults*
- *Use in home services as a mechanism to continuously assess risk level. How would we show this? We know we do it, but how would the record show it so that an outsider (Duke) could see it?*
- *Davidson just did a peer review and knowing the cases, the supervisors knew that there was a lot of work being done, but when you read the record you can't see what was done. Rockingham agreed with this.*
- *There are things that you tend to count as risk factors during an assessment (which is like a snapshot of a family in crisis) that once you get to know them, establish a relationship, and they are more open with you, you have a more complete picture of the family dynamic, these things show up as part of their functioning mechanism and not as much as risk factors.*
- *Workers were sent to case planning/case management training and they were told that if they were already working with a family for a particular factor (DV, etc.) and something else comes up they have to do a new report. Is this correct? It seems counterproductive to start a new assessment when you are already working with them.*
 - *Patrick addressed this from a policy standpoint – if there are new allegations that would rise to the level of abuse and neglect. You do have to do the SDM tools because obviously if things are still happening you may need to look a bit closer at the strategies you are using in case management – maybe they are not working. The potential for risk does increase with subsequent incidents which is why policy requires a new assessment. The thing you need to think of in regards to the subsequent allegations is, would you take the report if you got it cold with no knowledge of the history – if not, you can screen it out.*
- *How many using blending – Davidson, Forsyth, Guilford.*
- *If a case is in 215 and a new report comes in, who takes it? Depends on the circumstances.*
- *Suggestion about time frames for documentation – most people here required in within 7 days. Guilford requires supervisor to make notes at staffings and the software they use notes the date and time workers enter, so it reflects on the supervisors if workers are not doing documentations*
- *How are you documenting CFT?*

- Davidson has a facilitator and has his computer and printer and prints it out at the time.
 - Guilford uses a form that gets printed out after the CFT so everyone at the meeting signs it and gets a copy.
 - Rockingham also has a form they include in the documentation.
- Davidson has a case decision coming up that they have already decided to find Services Needed, but the actual formal process they will do at the CFT along with the risk assessment. They are not letting the family make the decision, but they are using a CFT to present the formal decision to all parties involved and get started on the services.
- Davidson is finding that having CFTs during the assessment allows them to send fewer cases to 215. Getting everyone together puts it all out on the table and everyone is engaged and the meetings become very powerful. Allows you to develop a good safety plan, then you leave the case open for a few extra weeks to ensure that it works and then often you can close the case out.

Other Discussion

- Language/wording issues. This job is hard enough and sometimes we are using different words that make things more confusing.
 - Used to say forensic/traditional investigation – should be investigative assessment
 - Sometimes new counties say MRS track – its all MRS, usually mean family assessment
 - Treatment - or case planning/case management – CPS in home services
 - TDM are not necessarily CFT's. Some counties don't have TDM any more, but some do, and they are separate meetings from CFT.
- Still having school social workers who want to request investigative assessments.
 - Rowan however, has the opposite scenario. They did a lot of up front education and are back in every six months to reeducate – they have school social workers that call and request family assessments.
 - Educators are one of the largest populations of reporters – up to 50% of reports. When counties were beginning MRS they may have gone to the schools and done a quick and dirty presentation on the new role of the schools. Now that we are farther along, present it to them differently, with more experience, and explain why the process has changed, and the benefits of this new approach.

Supporting Child Only Cases

New WF rep in the West (Wendy) – she emailed Holly a question regarding child only cases. Situation: A relative took in a small child years ago and now that they are a teenager, they are not sure that they can handle them. How do we support those placements and who is responsible for this? What does WF need from CPS in these cases, and what can CPS do for Work First to try to prevent them from becoming CPS cases down the line. Concern with kinship care cases where children are placed with relatives and what happens down the line when the caretaker and child is older and maybe older grandparent can't control teenager. What, if anything, is

being done to help those families? Is there anything we can do before it becomes a CPS issue.

- Statewide child only cases are 62% of total cases, up to 90% in some counties.
- Davidson has family outreach for services recommended. They didn't get full use of the position when they were based in CPS, because so many people were refusing services, and so they moved the position to WF and they work with these kinds of cases.
- Support group for relative caregivers. Work First gets the word out about this program.
- While support groups can't solve all problems, they are a place that families know that they can go to for a referral, and it does give them someone to talk to.
- Some counties have tried to encourage adoption rather than guardianship because there are more post adoption services
- As a state we are not very proactive, we tend to wait until there is a crisis, but we are trying to be more proactive.

Reviewed thoughts from Western meeting (in italics)

- *Feeling expressed that the other community agencies that were providing services sometimes dump these cases back to DSS as the last resort.*
- *Iredell tries to explore all the future issues when they place the child as a youngster. They talk to caretakers when the child is young about the issues that may develop when he/she gets older. Put it all out on the table up front.*
- *Some counties System of Care groups will let you know that something is brewing before it overflows. Usually the children are involved with some agency before they blow up and end up a CPS case back at DSS.*
- *Sybil requires her counties to do one home visit per year. The Child Welfare workers do this (she is not sure how they decide who will do this since it is not an active CPS case but it does get done.)*
 - *Suggestion that CPS and WF collaborate on these visits – sometimes something “feels” wrong to the WF worker on a visit, so the CPS worker may have more insights – maybe it was just a bad day at the home, or maybe there were underlying issues.*
 - *Doesn't matter who sees the child, but someone needs to see them periodically.*
- *Catawba takes those instances as outreach cases.*
- *Buncombe suggested something similar to post adoption services, placement stabilization services. If that was a formal process in place by the state that would encourage counties to do this.*
- *Cleveland – planning to start a caregiver support group.*
- *Catawba has one of these.*
- *Buncombe borrowed a kinship care handbook from Catawba county and modified it to develop it for Buncombe county. They give this to all kinship placements as a resource.*
- *WF can call a CFT as well, does not have to be CPS that calls them.*
 - *The family can also ask for one, they may not remember who their CPS worker from 7 years ago was (or that person may not be with the agency anymore) but since the family is still getting a check they at least sort of know who their WF worker is. They may call that person and let them*

know they are having trouble, and the WF worker can contact CPS and community agencies and have a CFT.

- Patrick asked if the Community Based Programs were receptive to these kinds of cases.
 - Counties said it depended on the type of program and the legal status of the child.
- We need to figure out a way to keep tabs on these families. Can spend a little county money up front or, if this child comes into a high dollar placement, spend a lot later down the line
- A lot of community collaboration – if this child is acting out with Grandma, he is doing something somewhere else and someone else has noticed it
- Guilford has just trained Juvenile Justice to do CFTs. Other agencies can do this and DSS can attend as a resource and throw out some information and referrals and possibly avoid a future CPS report.

Future Meetings and Trainings

MRS Monthly Meetings

- Central Meeting - November 17th Randolph Co (Ashboro DSS)
- Western Meeting – November 28th Buncombe Co St. John's Episcopal Church
- Eastern Meeting - November 30th Washington Co

Policy Trainings

- November 29th – MRS Policy Pitt Co
- December 7th – MRS Policy Onslow Co